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Bib Data Sheet

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/540,963   | <b>FILING DATE</b><br>03/31/2000<br><b>RULE</b> -   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1643   | <b>ATTORNEY DOCKET NO.</b><br>B0801/777170<br>(JRV) |                                |
| <b>APPLICANTS</b><br>Thomas S. Kupper, Weston, MA ;<br>Ulrich Von Andrian, Boston, MA ;<br>Caroline Robert, Sceaux, FRANCE;  |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/127,423 04/01/1999  |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/02/2000</b>   |   |                               |   |   |                                |
| <b>Foreign Priority claimed</b><br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><b>35 USC 119 (a-d) conditions met</b><br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><b>Verified and Acknowledged</b><br>Examiner's Signature: <u>[Signature]</u> Initials: <u>[Initials]</u> |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>10                           | <b>INDEPENDENT CLAIMS</b><br>8 |
| <b>ADDRESS</b><br>Wolf Greenfield & Sacks P.C.<br>600 Atlantic Avenue<br>Boston, MA 02210  |   |                               |   |   |                                |
| <b>TITLE</b><br>Modified dendritic cells and use therefor  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>420  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |